

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J75452

Entity Name: THERAPY, INC.

FILED  
Jan 16, 2005  
Secretary of State

## Current Principal Place of Business:

2425 E COMMERCIAL BLVD, STE 205  
FT LAUDERDALE, FL 33308

## New Principal Place of Business:

2425 E COMMERCIAL BLVD, STE 203  
FT LAUDERDALE, FL 33308

## Current Mailing Address:

2425 E COMMERCIAL BLVD, STE 205  
FT LAUDERDALE, FL 33308

## New Mailing Address:

2425 E COMMERCIAL BLVD, STE 203  
FT LAUDERDALE, FL 33308

FEI Number: 65-0002180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLEIER, HENRY  
2699 STIRLING RD  
SUITE C-307  
FT. LAUDERDALE, FL 33312 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SANTANDER, LEONOR,  
Address: 1022 SANTA ANA ST.  
City-St-Zip: LAGUNA BEACH, CA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SANTANDER, LEONOR,  
Address: 1580 SKYLINE DRIVE  
City-St-Zip: LAGUNA BEACH, CA 92651 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONOR SANTANDER

P

01/16/2005

Electronic Signature of Signing Officer or Director

Date